

Requirements for Recertification/Maintenance of Certification

Diplomates of the American Board of Thoracic Surgery who plan to participate in the Recertification/Maintenance of Certification process must hold an active medical license and must hold clinical privileges in thoracic surgery. In addition, a valid certificate is an absolute requirement for entrance into the recertification/maintenance of certification process. If your certificate has expired, the only pathway for renewal of a certificate is to take and pass the Part I (written) and the Part II (oral) certifying examinations.

The American Board of Thoracic Surgery will no longer publish the names of individuals who have not recertified in the American Board of Medical Specialties directories. The Diplomate's name will be published upon successful completion of the recertification/maintenance of certification process.

The CME requirements include 70 Category I credits in either cardiothoracic surgery or general surgery earned during the 2 years prior to application. SESATS and SESAPS are the only self-instructional materials allowed for credit. Category II credits are not allowed. The Physicians Recognition Award for recertifying in general surgery is not allowed in fulfillment of the CME requirements. Interested individuals should refer to the *Booklet of Information* for a complete description of acceptable CME credits.

Diplomates should maintain a documented list of their major cases performed during the year prior to application for recertifi-

cation. This practice review should consist of 1 year's consecutive major operative experiences. If more than 100 cases occur in 1 year, only 100 should be listed.

Candidates for recertification/maintenance of certification will be required to complete all sections of the SESATS self-assessment examination. It is not necessary for candidates to purchase SESATS individually because it will be sent to candidates after their application has been approved.

Diplomates may recertify the year their certificate expires, or if they wish to do so, they may recertify up to 2 years before it expires. However, the new certificate will be dated 10 years from the date of expiration of their original certificate or most recent recertification certificate. In other words, recertifying early does not alter the 10-year validation.

Recertification/maintenance of certification is also open to Diplomates with an unlimited certificate and will in no way affect the validity of their original certificate.

The deadline for submission of applications for the recertification/maintenance of certification process is May 10 each year. A brochure outlining the rules and requirements for recertification/maintenance of certification in thoracic surgery is available upon request from the American Board of Thoracic Surgery, 633 North St Clair Street, Suite 2320, Chicago, IL 60611; telephone: 312-202-5900; fax: 312-202-5960; E-mail: info@abts.org. The booklet is also published on the Web site: www.abts.org.

TSFRE Research Funding Is Growing

The Thoracic Surgery Foundation for Research and Education (TSFRE) 3 years ago began a major effort to enhance its support of the cardiothoracic surgical investigators. The Research Committee, led by Robin Pierson, developed more stringent advance review methods and standards similar to those of the National Institutes of Health (NIH). In 2005 TSFRE funded 16 investigators for a total of \$295,000.

TSFRE continued to fund Research Grants and Fellowships, including the Nina Starr Braunwald Award for a woman cardiac surgeon. Career development partnerships with the National Heart, Lung, and Blood Institute (NHLBI) and the National Cancer Institute (NCI) were created. These K08 (basic science) and K23 (patient oriented science) TSFRE/NIH partnerships match the NIH salary awards of \$75,000 per year for 5 years, thus giving the surgeon \$150,000 per year of salary support for a total of \$750,000 that allow him or her to devote 75% of time to research. The young investigators are mentored by senior, established, NIH funded scientists. TSFRE/NHLBI received 8 applications for K awards and TSFRE/NCI received 4 applications between 2004 and 2005. Four years ago there was a single K award for a cardiothoracic surgeon, and now there are 5 K awards funded by TSFRE/NHLBI. The first TSFRE/NCI award will be funded. The current TSFRE commitment for K awards is \$450,000 per year, projected to be at least \$750,000 per year in 2008.

To be funded in this extremely competitive environment, investigators must have exceptionally good scores. Our young investigators are prospering. The entire cardiothoracic surgery community should be proud of what they are accomplishing.

As compared with 2003, the percentage of cardiothoracic surgeons who have donated to TSFRE has doubled. More help is needed because TSFRE's resources are limited. The TSFRE Board of Directors has given an average of \$17,000 per Director, thus making each Director at least a Life member of TSFRE. If you are already a Life member, TSFRE thanks you. If you are not yet a Life member, please consider giving what you can. A pledge of \$1000 per year for 10 years makes one a Life member.

John R. Benfield, MD
President, TSFRE